## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/540363

|  |  | CLAIMS A                                  | AS FILED -                                 |                                | (Column 2)                             |                  |                     | SMALL ENTITY TYPE   |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|--|--------------------------------|--|------------------|---------------------|---------------------|------------------------|----|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES   |  |   |  |                                | (Goldmin 2)                            |                  | 1                   | RATE                | FEE                    | 1  | RATE                       | FEE                    |
| BASIC FEE  |  |   | SMALL ENT.                                 | = \$ 150                       | LARGE ENT. = \$ 300                    |                  | 1                   | BASIC FEE           |                        | OR | BASIC FEE                  | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Ar                           |                                | All other situations = \$ 100 / \$ 200 |                  | 1                   | EXAM. FEE           |                        |    | EXAM. FEE                  | <b>200</b>             |
| SEA  | RCH FEE  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | ntries =                       | All other situations = \$ 250 / \$ 500 |                  |                     | SEARCH FEE          |                        |    | SEARCH FEE                 | 40D                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =                                |                                | / 50 ≐                                 |                  |                     | X \$ 125 =          |                        |    | X \$ 250 =                 |                        |
| тот  | AL CHARGEA                                     | BLE CLAIMS                                | 34 minus 20 =                              |                                | · 14                                   |                  | 1                   | X \$ 25 =           | ,                      | OR | X \$ 50 =                  | 700                    |
| INDI   | EPENDENT CL                                    | AIMS                                      | a m  | inus 3 =                       | *                                      |                  |                     | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT                                      |                                |  |                  |                     | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |                                |  |                  |                     | TOTAL               |                        | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |  |                                |  |                  |                     | SMALL ENTITY        |                        |    | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A  | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·  | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY                           | PRESENT<br>EXTRA |                     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                      | **                             |  | =                |                     | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus                                      | ***                            |  | =                |                     | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |  |                  |                     | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|  |  |   |  |                                |  |                  |                     | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
|  | (Column 1) (Column 2) (Column 3)               |   |  |                                |  |                  |                     |                     |                        |    |                            |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY                           | PRESENT<br>EXTRA |                     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                      | **                             |  | ≐                |                     | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus                                      | ***                            |  |                  |                     | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |  |                  |                     | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|  |  |   |  | TOTAL ADDIT.<br>FEE            |  | OR               | TOTAL ADDIT.<br>FEE |                     |                        |    |                            |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |  |   |  |                                |  |                  |                     |                     |                        |    |                            |                        |